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Country note**

India

Summary

The Executive Director presents the country note for India for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. India's population of 1.03 billion is spread over 29 States and 6 Union Territories. An estimated 37 per cent, or some 375 million, are children between 0-14 years old. Acceleration in economic growth following the initiation of economic reforms in 1990 has placed India among the 10 fastest growing developing countries. Yet, the country's per capita income remains low ($450 in 1999), and 26 per cent of the population (260 million people) live below the income poverty line.

2. India has recorded many gains in the recent past, validated by new data from the National Family Health Survey-2 (1998/99), the multiple indicator cluster survey 2000, the preliminary results from the Census of India 2001 and other studies. Between 1991-2001, India's literacy rate increased from 52 to 65 per cent — the highest rate of increase in any decade since independence. Literacy rates among women increased more than among men, reflecting the fact that women have

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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benefited significantly from massive literacy campaigns. School attendance rates among children 6-14 years old reached 79 per cent in 1999 (74 per cent among girls and 83 per cent among boys). Some 83 per cent of habitations are "fully covered" with access to drinking water. In 2000, India was certified free of guinea worm disease. Polio vaccination coverage has increased dramatically, and India is headed towards zero certification in 2005. Rapid changes in the world of media and information technology have also contributed to higher awareness and discussion on child rights.

3. Nevertheless, even with the backdrop of improved growth performance, progress in promoting child rights has been gradual, incremental and uneven across the country. Many of the World Summit for Children goals for 2000 have not been met. Since 1993, the infant mortality rate has stagnated at around 70-74 per 1,000 live births. National averages mask wide differentials across states, rural and urban areas, and castes. Immediate causes of child deaths remain pneumonia, diarrhoea, neonatal sepsis, malnutrition, low birth weight and lack of quality primary health care (PHC). Between 1997-2000, routine immunization coverage fell from 60 to 40 per cent. India's maternal mortality ratio is high — at around 540 per 100,000 live births — reflecting, among other things, the lack of timely access to health services, births without skilled attendants, maternal anaemia and gender inequality. Between 1991-2001, the sex ratio of the child population (0-6 years old) fell sharply from 945 to 927, signalling the persistence of strong son preference and anti-female biases in certain segments of society.

4. Within a span of six years, India has seen a rapid increase in HIV/AIDS infections. An estimated 3.8 million people are living with HIV/AIDS, of whom 50 per cent are below the age of 29 years, 21 per cent are women of child-bearing age and 2 per cent are children.

5. Forty seven per cent of children under three years of age are malnourished, the proportion of low-birth-weight babies remains high, and some 47 million (74 per cent) of pregnant women are anaemic. Only 50 per cent of all households are currently using adequately iodized salt. Both sustainability and the quality of water supply are under threat due to groundwater depletion and the presence of arsenic and fluoride in parts of the country. Sanitation coverage remains low. Only 37 per cent of households use toilets — 19 per cent in rural areas. There continues to be a high incidence of child labour and out-of-school children. Girls remain particularly disadvantaged. Learning achievement and the reduction of drop-outs remain significant challenges. There has been a gap in addressing issues affecting adolescents relating, in particular, to teenage marriages and pregnancies; the health, nutrition and skills development of girls; and imparting knowledge of HIV/AIDS prevention and good child care practices.

6. Whereas there exists a substantial backlog of multiple deprivations, there is also a tremendous vibrancy and potential for progress at the community level. The 73rd and 74th Amendments to the Constitution (in 1992 and 1993, respectively) led the way for the increased participation of women in the political process. The reservation of at least one third of the seats in local bodies for women has resulted in the direct involvement of close to 1 million women in decision-making processes affecting development. There has also been an upsurge in self-help groups that effectively tackle issues relating to women and children, generating in the process stronger self-identity and awareness. A number of new policy initiatives have paved

the way for more effective programming for children. These include, for instance, the *Sarva Shiksha Abhiyan* (Education for All Mission). The Government has developed revised national policies in population and the empowerment of women, is developing policies in health, and is proposing a national nutrition mission to address the multiple challenges facing the country. In water and sanitation, implementation of the existing policy framework is being strengthened through sector reforms. The overall context for these actions is provided by the Approach Paper to the Tenth Five-Year Plan, which commits the Government to increased emphasis and resource allocation for the social sector from the fruits of economic growth.

Lessons learned from past cooperation

7. The mid-term review of the Government of India/UNICEF cooperation in February 2001 noted the key contributions of the current programme and endorsed the continuing validity of the strategies of convergent community action, strengthening decentralization and ensuring the centrality of women's and gender concerns, but with further consolidation and adjustments based on the lessons learned. It also noted that the current programme, which encompasses significant shifts in strategy from the previous one, has been in operation for only three years. During that period, it has responded to a number of large-scale emergencies — droughts, floods, cyclone and earthquake.

8. In the ongoing programme, UNICEF, in close collaboration with other partners, has been active with the World Health Organization in ensuring the success of the national polio eradication campaigns through community mobilization, communication and monitoring coverage with support from the Governments of Germany, Japan, Sweden and the United States, and the United Nations Foundation. Within the context of the national reproductive and child health programme, UNICEF has helped to initiate the revitalization of PHC subcentres in 50 districts as a way of reaching the most neglected communities with the support of the Government of Canada, and safe motherhood with the support of the Governments of Italy and Sweden, and the Gates Foundation; and to provide micronutrients with the support of the Governments of Canada and the United States. Support was also provided for (a) the expansion of "joyful learning" in primary schools, such as in the States of Karnataka and Andhra Pradesh, which have taken this to scale in all districts; (b) the introduction of microplanning with communities for increasing enrolment in primary schools in three States with the support of the Government of Australia; and (c) increasing effective community participation in school management under the Joint United Nations Education Initiative. UNICEF has also been active in (a) establishing the significance of childhood care in the first three years of life for nutrition and development outcomes, including its incorporation in the national Integrated Child Development Scheme, with support from the World Bank; (b) pioneering new initiatives in water and school sanitation, and strengthening drought preparedness, with support from the Governments of Sweden and the United Kingdom; (c) supporting strategies for the elimination of child labour, in partnership with the Government of Norway and the International Labour Organization; and (d) improving emergency response with support from the Governments of Australia, the Netherlands and the United Kingdom.

9. The CCA strategy, which was based on earlier lessons, is consistent with the United Nations Development Assistance Framework (UNDAF) principles of gender equity and decentralization, and is being implemented with partners at all levels, including non-governmental organizations (NGOs). It is intended to bring front-line government functionaries into a closer and more responsive working relationship with an informed and engaged community. A review of experience shows that in the short span of three years, CCA has begun making contributions, although the results are not uniform across all districts and states. Analysis of the experiences points to three elements of the CCA that need to be promoted in tandem to have an impact: (a) changing mindsets and behaviour; (b) strengthening systems of public delivery through promoting quality, equity and coverage; and (c) ensuring a strong interface between the community and service providers. Over the three years of implementing the CCA, close partnerships have been developed with NGOs, locally-elected government bodies and other community-based organizations (CBOs). Experience also shows that the success of the CCA depends on the extent of decentralization, which varies from state to state. Noting its potential and widespread support, the strategy development process recommended that the CCA remain integral to all programmes cutting across all sectors.

10. Repeated drought in much of the country and the over-extraction of groundwater for irrigation have brought to the forefront a threat to the sustainability of past investments in hand-pumped water supply and the urgent need for water resource management. To ensure the sustainability of interventions in all sectors, there is a need to secure political will for effective large-scale actions, and to conduct research and analysis for early warning of emerging threats, evidence-based programming and advocacy to address these threats.

11. Bilateral agencies are now well established as strategic partners with UNICEF in response to an increasingly complex development agenda. Supporting sector reform is a high priority for bilateral and multilateral partners, which is addressed through their bilateral assistance to the country and through partnerships with UNICEF. This two-pronged approach adds value to the work of these partners and strengthens UNICEF interventions and support to the Government. The shift from "donor" to that of "partner", such as that seen following the evaluation of the 30-year water and sanitation programme, has enhanced UNICEF/bilateral relations and brought multiple benefits to the country programme through increased ownership, combined advocacy for policy change, peer reviews, greater transparency in implementation and expenditures, and the demonstration of results. Partnerships in programming have also encouraged longer-term funding arrangements.

12. Natural disasters and emergencies have become frequent occurrences, enhancing the risks of offsetting many of the gains of the past. The effectiveness of the UNICEF response has been increased through working in close partnership with United Nations agencies, the World Bank, bilateral partners, NGOs and others. However, emergency preparedness and response need to be mainstreamed in the next country programme, building on the successful experiences gained from limited programmatic and staff strengthening initiatives. The experience of working in emergencies has helped UNICEF to define its core support, especially in the non-interruption of schooling, essential mother and child health services, water and sanitation, and psychosocial support for children.

Proposed country programme strategy

13. The country programme for 2003-2007 is being developed in the context of a harmonized programme cycle with the Government's Tenth Five-Year Plan, and will address, in the Indian context, the main organizational priorities set out in UNICEF medium-term strategic plan as well as those of UNDAF, which includes the promotion of gender equality and strengthening decentralization. Preparation of the strategy for this country programme has involved extensive consultations at state and central levels with the Government, United Nations agencies, bilateral partners and NGOs.

14. The overall goal of the programme is the progressive fulfilment of the rights of all children and women, and the creation of an enabling environment to reduce gender disparities, ensure gender equity and strengthen accountabilities. Given the scope, scale and diversity of children's issues in India, the comparative advantage of UNICEF continues to be advocacy combined with the research, development and implementation of innovations through the creation of alliances and partner networks for taking them to scale. Programme interventions will focus on addressing specific conditions facing children in different states. Interventions will continue to be targeted towards states with low human development indicators, and specifically towards more disadvantaged areas and communities, including scheduled castes and tribes, as well as being flexible to address diversity and disparity across the states. In urban areas, interventions will be piloted selectively in response to the emerging challenges faced by the urban poor. Adolescent girls constitute a focus group for interventions, in particular the imparting of life skills and addressing inter-generational factors that contribute to poor health.

15. In support of national initiatives to reduce mortality, morbidity and malnutrition, and to strengthen child protection, the aim of this country programme is to consolidate programme experiences and strategies in the following areas: (a) early child development through a focus on the 0- to 3-year-old age group and with special attention to early learning and care, low birth weight and malnutrition, routine immunization and safe motherhood interventions; (b) universal primary education, particularly for girls, by concentrating on enhancing learning achievement, promoting a quality teaching-learning environment, and mobilizing community involvement in schools; (c) protection for children vulnerable to child labour, trafficking and sexual exploitation, and conflict, as well as promoting an enabling, legislative environment for protection issues; (d) HIV/AIDS among children through imparting life skills to young people, scaling up national efforts in the prevention of mother-to-child transmission, and advocating for policy development and community-based actions to respond to children affected by HIV/AIDS; and (e) emergency preparedness and response to reduce vulnerabilities and support the continuity of sector interventions. The above programme thrusts will be delivered through a mix of strategies outlined below which ensure linkages between programmes. A results matrix will encompass both the expected results and the related relevant strategies.

16. The strategy of convergent community action for children will be extended and strengthened in the new programme. At both planning and implementation levels, convergence between programmes will be promoted with the aim of achieving specific results. It will include support for microplanning, training, capacity-

building of functionaries, gathering and the better use of data for monitoring and analysis, local-level decision-making and communication for behaviour change.

17. A comprehensive advocacy and communication strategy, comprised of alliances and partnerships for children, will be developed further with a wide range of national and international partners with the aim of creating a critical mass of organizational networks to take actions to a meaningful scale, especially in the areas of emergency preparedness, HIV/AIDS and child trafficking. Efforts will be made to include the views of children and to create effective space for their participation. For achieving and sustaining results, the programmes will continue to be implemented in partnership with other United Nations agencies, the World Bank, bilateral partners, NGOs and CBOs, the *Panchayat Raj* institutions and the corporate sector.

18. Ensuring the strong participation of women and addressing issues of gender inequality shall remain a core cross-cutting strategy. Persistent anti-female biases, strong son preference, and discrimination against girls and women are responsible for the denial of equal opportunities, as well as for the limited progress being made in promoting child rights. While achieving gender equality is a long-term goal, the new programme will make specific efforts to increase opportunities for girls and women in all programme areas, while advocating for greater gender equality. The ongoing gender audits of programmes will contribute to improving the implementation of the strategy.

19. A critical cross-cutting programme component will be to support national policy development for children by focusing specifically on the use of community-level experiences to inform macro-policy and enable the scaling up of interventions; and support to data collection, analysis and dissemination to improve programming and policy formulation for children.

20. Clear targets and measurable indicators will be articulated for each programme area so that the results can be identified as contributing to India's overarching outcome objectives and goals.

21. The above strategies will be implemented through nine programmes: (a) reproductive and child health; (b) child development and nutrition; (c) child environment — water supply, sanitation and hygiene; (d) primary education; (e) child protection; (f) HIV/AIDS; (g) advocacy and partnerships; (h) planning, monitoring and evaluation; and (i) cross-sectoral costs. The latter will cover activities and technical assistance common to all the programmes, such as information technology, information management and monitoring, supply and procurement, programme information management and field-level operational costs.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Reproductive child health	19 566	86 500	106 066
Child development and nutrition	24 610	32 000	56 610
Child environment — water supply sanitation and hygiene	24 070	40 000	64 070
Primary education	24 590	33 000	57 590
Child protection	10 000	25 000	35 000
HIV/AIDS	7 500	32 000	39 500
Advocacy and partnerships	9 500	500	10 000
Planning, monitoring and evaluation	8 000	1 000	9 000
Cross-sectoral costs	22 558	-	22 558
Total	**150 394**	**250 000**	**400 394**

[a] These are indicative figures only, which are subject to change once aggregate financial data are finalized. In addition, it is expected that an additional $35 million will be raised through special appeals for emergencies.